



# Dr Shav’s Certified Health Coach Questionnaire– The Wellness Center of South Tampa

## About Certified Health Coaching with Dr Shav

Certified Health Coaching is more than an app or just a personal trainer or coach – it’s adding the most technologically advanced, stress relieving personalized health and fitness partner for living life with increased fun and enjoyment. It’s a revolutionary user experience integrated with limitless Personal, Text, Facetime and Zoom communication with a seasoned professional whose mission is to makeover your functional life to fit your tastes and availability while reducing stress, injury and performance issues. I will craft a flexible, personalized plan that starts with 12 questions for you to answer that provide the foundation for us to work together that can then be coached, adjusted and monitored to your changing needs and desires together.\*

Client Name: \_\_\_\_\_  
Last Name First Name  
Cell ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

1. How old are you?  
 19 or Less  20s  30s  40s  50s  60  70s  Older

2. How often did you work out last week?  
 0 to 1 Days  2 to 3 Days  4 to 5 Days  6 to 7 Days

3. How much time do you have to work out each week?  
 0 to 1 Day  2 to 3 Days  4 to 5 Days  6 to 7 Days

4. Do you have any unique needs or interests that you want to pay extra attention to?  
 Injury Prevention/Care  Weight loss  Nutrition  Running  
 Sports Performance  Yoga  Balance & Fall Prevention  Strength

5. Where do you typically exercise? Choose all that apply.  
 Gym  Home  Fitness Studio  Outdoors  Sports  Alone  
 Classes  With a Professional

6. What are your two top fitness goals?  
 Feel Stronger  Be Active Again  Lose weight  Be Better For My Age  
 Rehab An Injury  Tone  Sweat and Have Fun  Be More Social  
 Improve Sports Performance  Be More Competitive  Not Sure

7. How long ago were you in ideal shape?  
 Now  1 to 6 Months  6 to 12 Months  1 to 2 Years  2+ Years

8. What’s your two main motivations for being active?  
 Improve Health  Feel more energized  Improve Physical Appearance  
 Improve Fitness  Improve Performance  Reduce Stress  Sleep Better

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9. What has prevented you from achieving your goals in the past? Choose all that apply?  
 Health Issues  Too Busy  Bad Feet, Ankles, Knees, Hips or Low Back  
 Exercise Not Fun  Plan Did Not Fit My Lifestyle  Too Expensive  
 Couldn't Do It Alone  Lost Interest  Poor Results

10. How would you describe your ideal Certified Health Coach? Choose all that apply.  
 High-Energy  Supportive  Available  Gives Me Tough Love  
 Cool, Calm and Collected  Wants Me To Succeed  Sense of Humor  
 Strictly Business  Always Positive  Analytical/Results Driven  
 Drill sergeant  Keeps Me Out of Trouble  Monitors My Results

11. What level of intensity do you want from your coach?  
 Supportive  Firm, Never Intense  Intense  Extremely Intense  
 All of the Above Depending on the Situation

12. My Ideal Fitness, Strength & Body Type Is?  
 Bruce Lee  Arnold Schwarzenegger  Not Sure

\*This information will be kept private as per HIPPA Federal Law

After Completing, Hand Back to Dr Shav or Email to [drsha@foothelpers.com](mailto:drsha@foothelpers.com) or Message to  
8455363338

